

Tehama County Children and Families Commission

Strategic Plan for 2001-2004

December 2000



THE POSSIBILITIES THESE LITTLE FEET WILL...

Blaze trails for other little feet ♥ wiggle their toes in sand ♥ jump over puddles ♥ pitter-patter ♥ frolic thru the meadows ♥ walk in the footsteps of bigger feet ♥ climb a tree ♥ walk in faith ♥ race with the wind ♥ be piggies for mommies and daddies ♥ walk with grandma and grandpa ♥ climb mountains ♥ wade in clean waters ♥ step to the rhythm of their heart ♥ lead the way ♥ **OH, THE POSSIBILITIES OF WHERE THESE FEET WILL GO...**

**Tehama County Children and Families Commission
Denise Snider, Program Director
P.O. Box 8580
Red Bluff, CA 96080
(530) 528-1395**

Table of Contents

I.	Executive Summary.....	1
II.	Tehama Community Profile.....	5
III.	Commission Development.....	7
IV.	Strategic Planning Approach.....	9
V.	Community Assessment Findings.....	11
VI.	Objectives, Strategies, Indicators and Outcomes.....	19
VII.	Allocation of Resources.....	23
VIII.	Appendix.....	26

I. Executive Summary

Background

The Tehama County Children and Families Commission was established March 1, 1999 because of the passage of Proposition 10, *The California Children and Families Act of 1998* (Act). The Act, funded through an additional tax to tobacco products represents an extra infusion of funding providing *all* counties additional opportunities to improve the lives of young children and their families. Local County Ordinance 1719 created a 9-member Commission that is charged with the responsibility of creating a strategic plan that will fund direct service programs that benefit the community. The strategic plan will allocate funding to enhance existing partnership resources and invest in new opportunities to improve the quality of life for young children and their families in Tehama County.

The Act is based on research that indicates the social, emotional, physical, and intellectual environment that a child experiences during prenatal to age 5 profoundly influences how a child will function in life. The purpose of the Act is to invest in children during their earliest years through successfully integrated services that directly address health care, child care, parent education and prevention programs for all children and particularly, families at risk by providing the tools necessary to cultivate secure, healthy, and nurturing environments.

Summary of Tehama County Strategic Plan

Tehama County already is successful in integrating community partnerships that encompass a range of private and public organizations that have been in existence for a number of years. The social fabric of those partnerships blend right into the explicit purpose of the Act and will be woven to create a richer tapestry of community collaboratives to reach further into the community. The \$646,000 dollars designated to Tehama enhances their ability to carry out formation of linkages with others – providers of care, community organizations, government agencies and individuals and enable them to respond to the community's need in a manner that is more cohesive and comprehensive.

The Act is specific in the funding be used exclusively to promote, support, and improve the lives of children from age 0-5 years and their families through a comprehensive system of direct services. The Commission began its role by creating vision and mission statements and a set of guiding principles that lay the foundation for the strategic plan.

Our Vision

All Tehama County children will be born healthy and thrive in safe, supportive, nurturing, and loving environments; and will enter school as healthy, active, socially appropriate learners.

In the past, Tehama has identified problems that need to be addressed as well as recognized what works best in the county and then built upon those strengths. Part of the funding will allow for a more comprehensive network and the development of accountability measurements to ensure that the desired outcomes for early childhood development are achieved.

Our Mission

Tehama County Children and Families Commission provides leadership for a comprehensive network of support services for all children from prenatal stage through age five and their families; developed, implemented, and administered collaboratively in partnership with communities and families and accountable to them for improving outcomes in children's health, learning, safety, sense of attachment, and social competence.

Health care, educational and child care resources belong to the community. The Commission prepared a set of guiding principles specifically designed to serve as a tool for directing policy and planning efforts in a way that advances the well being of the entire community.

Our Guiding Principles

- ❖ *Respect the inherent value and worth each person and culture possesses;*
- ❖ *Work together with organizations/people who support common values and vision to achieve our goals;*
- ❖ *Advocate for social change to promote human dignity and to improve the quality of life;*
- ❖ *Safeguard the human and financial resources entrusted to us as we carry out our mission by leveraging funds to maximize community resources and program support;*
- ❖ *Demonstrate a commitment to inclusive collaboration in our work through teamwork and innovation;*
- ❖ *Build on existing services, fill gaps in current system, and focus on the greatest needs in each community including families of differing incomes, races and cultures, as well as families with special needs children;*
- ❖ *Promote the inclusion of tobacco prevention and cessation in the design of programs and services as appropriate;*
- ❖ *Promote adoption of proven practices and models while allowing flexibility for well-designed promising practices.*

Information gathered highlighted the barriers and challenges to be considered in development of the strategic plan to promote healthy children, well prepared to enter school and support of families. The conclusions reached are summarized in two categories:

- ◆ Access Barriers – lack of health insurance and services with specialty physicians and dentists, health care costs, inadequate transportation in rural areas, inconvenient and lack of child care facilities, particularly for special needs children, culture and language, and few parental support resources are all prohibitive factors that impact the health of the community.
- ◆ Demographic Challenges – majority of population lives in poverty, lack of affordable housing, unemployment varies with seasonal and migrant workers, increasing undocumented immigrants, language and cultural differences, and vastness of rural area with few outlying programs impact the quality of life.

Well-established partnerships in the county currently address aspects of the identified barriers and challenges. The additional funding will enhance those efforts. The Commission relied on the Planning Task Force to create objectives based on the three focus areas and four objectives have been selected by the Commission to be funded:

Commission Priority Focus Areas and Objectives

- **Improved Family Functioning: Strong Families**
 - Parents will receive support to increase their knowledge in child rearing and family relationships
- **Improved Child Development: Children Learning and Ready for School**
 - Increase availability of programs that meet and maintain quality assurance standards for child care by 25% both in slots and available hours of operation within three years
 - Increase parents, providers, employers and community knowledge of quality child care and the benefits, early childhood development, and healthy and safe home environments including outreach to Latino and Spanish speaking children and their families
- **Improved Child Health: Healthy Children**
 - Increase access to preventative and primary care and health coverage and dental coverage for all children birth to age 5 and pregnant women

Targeted Commission Funding Priorities

In order to be successful and to maximize the impact of funds, The Commission targeted the following strategies as funding priorities for the first three years of the program:

- **Improved Family Functioning: Strong Families**
 - Support and expand parent education and counseling opportunities for all parents, as well as the general public, including but not limited to, preconception and prenatal care, anger management, substance abuse, positive discipline and school readiness
 - Promote and expand community based, faith based, and in-home support services

- **Improved Child Development: Children Learning and Ready for School**
 - Establish baseline data for the number of currently accredited providers/centers in Tehama County
 - Recruit, support, assist and provide grants to child care and development providers, less than 100% subsidized, to achieve accreditation
 - Support the development of nontraditional days and hours of child care including early morning, evening, night and weekends
 - Work with employers in communities to provide quality on-site child care programs or child care assistance (business sponsorships, centralized child care fund, direct employer child care subsidies to parent/provider, vouchers, etc)
- **Improved Child Health: Healthy Children**
 - Support coordinated early screening programs that link families with comprehensive health care and dental care services
 - Work with existing providers to encourage school based and faith based services

Program Principles

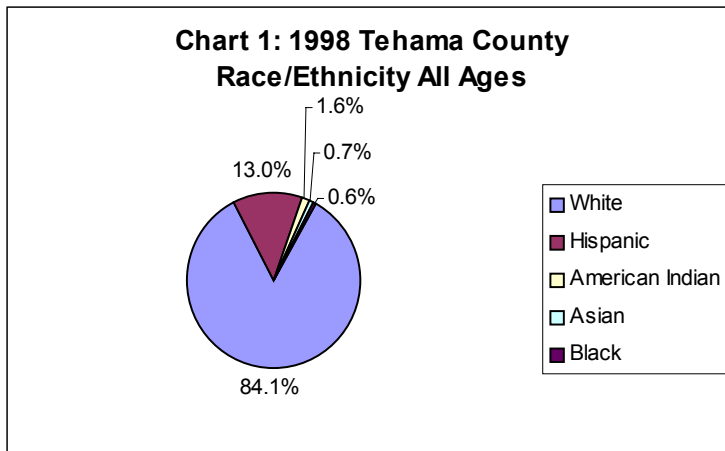
The Commission is aware that the issues facing the county are relatively common throughout the region and there is a commitment to ensure any and all programs funded that fall into the objectives encompass these principles:

1. **Serve ethnically, culturally and linguistically diverse children and families and special needs children and families**
2. **Address the needs of geographically and socially isolated communities**
3. **Target traditionally under-served/high-need populations**
4. **Streamline access and removal of barriers* to promote access**

**Common barriers have been identified as: language, transportation, cost, funding source, and attitude.*

II. Tehama County Profile

Tehama County is located in the far northern, Central Valley of California. Tehama is a very rural county comprised of rolling hills, high mountains to flat terrain. There are three incorporated cities in the county. These are Red Bluff, Corning, and Tehama, which account for 36% of the population. There are also many small, unincorporated cities in the county in which the remaining 64% of the population live. Primarily an agricultural area, both Interstate 5 and Highway 99 run through the middle of the county, and are the main thoroughfares to and from the area.



Tehama County's population is approximately 58,903. Ethnic distribution in the county consists of approximately 84% Caucasian, 13% Hispanic, 1.6% American Indian, 0.7% Asian, and 0.6% African American¹ Nearly one-third of the population is under the age of 18.²

There are many positive indicators of health status in Tehama County. A Community Benefit Assessment in 1999/00 indicated heart disease, drug-related, cancer and suicide death rates are lower than the U.S. as a whole. Additionally, the State has recognized Tehama as a model in developing partnerships and enhancing linkages and the California Institute for Mental Health gave special recognition to the county for developing innovating techniques for sharing information between providers to enhance services to youth and families. The Tehama County Health Partnership is the overarching organization within the county that received a five-year grant to expand and develop a wide variety of services for the county.

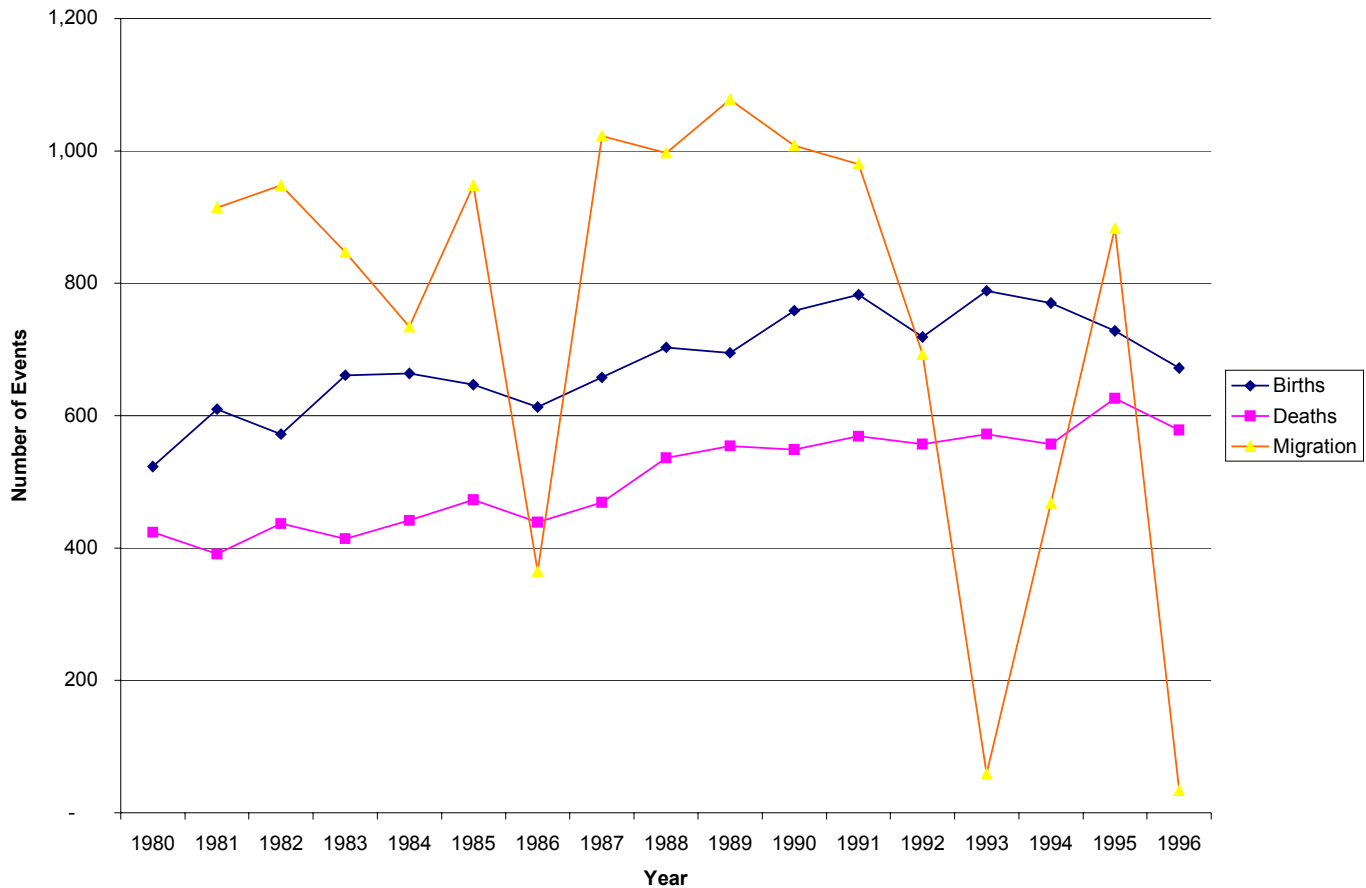
Unemployment rates vary with seasonal work, but unemployment has been steadily decreasing because large corporations, such as Wal-Mart are locating in the area. Still, the county is considered among the top third of all counties with a population living under the Federal Poverty Level.

¹ Valerie Lucero, Deputy Director of Public Health, Tehama County Children and Families Commission Planning Task Force Quantitative Data Report, 2000

² 1998 Tehama County Community Report Card

The following chart³ reflects components of population changes from 1981-1996. While the migration figures show the most fluctuation on the chart, migration is difficult to track, which means little is known about the migration that has occurred.

Chart 4: Tehama County, Components of Population Growth 1981-1996



Tehama has many challenges but with innovative partnerships in place and additional funding from the Act will complement partnerships and create new crosscutting projects that bring together resources to serve children 0-5 and their families better.

³ Valerie Lucero, Deputy Director of Public Health, Tehama County Children and Families Commission Planning Task Force Quantitative Data Report, 2000

III. Commission Development

On March 1, 1999, the Tehama County Board of Supervisors passed Ordinance 1702 that established the Tehama County Children and Families Commission. The Board appointed 9 members to the Commission. Commissioners represent the service areas of county government, public health, education, social services and professional/community members.

Tehama County Children and Families Commission Members

<i>George Russell</i>	County Supervisor
<i>Carl Havener</i>	Director, Health Agency
<i>Bob Douglas</i>	Superintendent, Department of Education
<i>Del Skillman</i>	Director, Department of Social Services
<i>Paula Brown-Almond</i>	Coordinator, Tehama County Child Care Planning Council
<i>Thomas F. Grimes</i>	EVP/COO, St. Elizabeth Community Hospital
<i>Mildred H. Johnstone</i>	Advisory Board, Tehama County Public Health
<i>Connie Massie</i>	Corning Medical Ass. Mountain Caregiver Resource Ctr
<i>Marianne Willard</i>	Dir. of Child Care, Red Bluff Union High School District

Organizational Structure Development

Monthly public meetings have been held since June of 1999 and in March of 2000 Denise Snider was hired as Program Director, accountable for planning responsibilities. With staff in place, extensive community outreach efforts and provider input developed the assessment of the opportunities and needs in the community related to children prenatal to age 5 and their families.

Three Planning Task Force Workgroups were formed to review the multitude of information gathered from the numerous provider/partnership input and community outreach meetings. Workgroups recommended objectives, desired outcomes and indicators based upon reviewed opportunities, needs, and gaps identified during the outreach process. The Planning Task Force Workgroups are comprised of:

Child Care & Early Education

Linda Kenyon Rose, Chairperson
Yvonne Klein, Secretary
Rebecca Adams
Armand Brett

Public Health
Teacher/Director-Happy Trails Head Start
CCRE
Principal-Salisbury-RBUHS District

Susan Fulkner
Jeanne George
Anne Krause
Gloria Lofthus
Kathy McGuinness
Michelle Rosauer
Marianne Willard

Early Intervention Program
4-H
Retired Kindergarten Teacher
Even Start
Head Start
Corning School Age Parenting/Infant Prog.
Director of Child Care-RBUHS District

Health & Wellness

Joann J. Ellis, Chairperson
Valerie Lucero, Secretary
Kathleen Alanis
Jackie Baker
Shelly Brantley
Cynthia Cook
Sr. Gloria Heese
Joe Michael
Doris L. Parsons
Fernando Villegas

CCRE
Public Health
WIC
Farm Bureau
American Lung Association
Head Start
Home Help for Hispanic Mothers
Family Service Agency
School Nurse-Evergreen
Mental Health

Parent Education & Support Services

Amy Schutter, Chairperson
Flynn Hoffman, Secretary
Phyllis Avilla-Turner
Larry Champion
Theresa Flynn Gasman
Jan Ivanoff
Sue Mitchell
Christine Rodriquez
Patrice Tamp
Jim Thomason

Public Health
Home Help for Hispanic Mothers
Northern Valley Catholic Social Service
Department of Education
Northern Valley Catholic Social Service
Community Representative
WIC
Mother/Baby Clinic
Drug and Alcohol
School Counselor

IV. Strategic Planning

The Commission determined its primary focus was to maintain a countywide perspective, with sensitivity to geographic and demographic trends. The process that was taken was to uncover information that would help the Commission determine the best plan of action of getting funding from the Act to the community.

Several other steps completed the planning process to assist the Commission in developing a rationale for future decisions. Those steps included:

- **Organizational Structure Development** – hiring of Program Director, staff and establishment of Planning Task Force Workgroups to create the operational framework within which the Commission would create and implement the strategic plan;
- **Community Outreach** - intense outreach efforts conducted within the community to assess the public's needs, gaps in services and resources currently used related to children 0-5;
- **Provider and Partnership Input** – to identify available services being accessed along with gaps in services and review of data for best practices information;
- **Strategic Plan** – is the roadmap to assure direct service delivery to the community that includes measurable outcomes for services and programs.

Data Collection

Considerable recent data exists that enabled the Commission to compliment the countywide needs assessment. Both local and statewide documents were reviewed to determine current status of Tehama County's youngest children and their families (see Appendix A for Data Report). While not a complete list, the following reports were of particular assistance:

- *1999/2000 Community Benefit Plan*, Catholic Healthcare West North State,
- *Tehama County Health Partnership*, Tehama County Health Agency
- *N.C.C.D.I. Tehama County Head Start*, Community Assessment 1999/00
- *The Early Response Team*, Program Summary
- *1998 Tehama County Community Report Card*
- *Healthy People 2000*
- C.A.R.E.S. Model pilot project establishing criteria for incentive payments for child care providers

Outreach Efforts

Extensive community outreach efforts and provider input were conducted to assess the opportunities and needs in the community related to children 0-5 and their families. Those efforts included:

- Series of focus groups held with parents and providers during months of June through August, with Spanish translation provided
- Parent/caregiver meetings were held in various geographical areas of the county, with diverse groups of parents and community members

- Surveys distributed in both English and Spanish to parents of infants, toddlers and preschool providers, as well as, licensed child care providers
- Surveys distributed to all kindergarten teachers
- Information was gathered from the community and providers about programs, services and resources currently available in the community as well as services needed
- Matrices distributed to Tehama County collaborative partners and systems of care for current profile of integrated services and available resources focused on the areas of strengthening families, school preparedness, and healthy children.
- Monthly Commission meetings in which the public was invited to attend and participate

Plan Development

The enormous task of the Planning Task Force Workgroups was to develop the best objectives, strategies and indicators of success based on the multitude of information and data available. Based on the information gathered, the groups reviewed the needs of children 0-5 and their families and created a long-range vision under each focus area from which the Commission will select priorities in the coming years (see Appendix C for Long-Range Visioning Plan). The long-range vision of the Planning Task Force will be revisited as priorities selected are accomplished, change or as issues emerge.

Funding decisions will be based on Request for Proposals (RFP) issued by the Commission. The Commission will provide assistance to organizations and agencies participating in the development of applications submitted for funding. It is the intent of the Commission to consider each of the proposals submitted on a case-by-case basis when considering program funding.

Because of changing dynamics in the county, the Commission considers the process to be fluid and ongoing, even after the adoption of the strategic plan. There will be annual reviews of funded programs and updating of the plan based on evaluation of the program and process indicators.

V. Community Assessment

A wealth of information was gathered regarding the existing needs, available services and conditions of children during the planning process. Valuable input was gathered from a series of parent and provider focus groups and surveys, reports were assembled from agencies, service providers, kindergarten teachers and child care providers and data was reviewed.

Overview

Tehama County has a history of forming successful partnerships to enhance resources for the community. The Tehama County Health Partnership serves as a collaborative umbrella for other agencies and organizations to obtain grant funding to enhance or create new programs to improve the health of the community. Many challenges still face the partnerships working to improve the community. Some issues that emerged from past assessments and data include:

- The proportion of children living in poverty is higher than in the State of California as a whole. It ranks 14th among 58 counties for children living in poverty
- Ninety-three percent of the children live in households where both parents and the single-parent works, yet child care providers only meet 20% of the total needs of the county⁴
- More child care for migrant and rural communities – the issue being not necessarily lack of transportation but more importantly lack of trust for undocumented population which results in older children being kept home to watch younger children
- Seasonal nature of work impacts overall income levels and reduction of income level of child care workers income during certain months
- Nearly one third of total population is under the age of 18
- In 1997, 59.8% births were funded by Medi-Cal. The county has a high number of children born into “at risk” families. Existing partnerships have improved the areas of infant mortality, low birth weight, and late or no prenatal care
- Teen birth rates have been slowly decreasing in recent years because of a local collaborative that provides free programs helping teens access medical services, gain parenting skills, and complete their high school education⁵
- Access to dental care is a great concern for children on Denti-Cal. There are 20 dentists in the county but only one dentist taking new Denti-Cal and Healthy Families patients
- To address the high incidence of child abuse, domestic violence and foster care, Tehama County established Multi-Agency Treatment Teams coupled with Early Response Teams to service and refer families at risk

⁴ N.C.C.D.I. Tehama County Head Start Community Assessment 1999-00

⁵ 1998 Tehama County Community Report Card

Focus Groups

Fifteen Parent and Provider Focus Groups were held in both Corning and Red Bluff. Parent and provider groups were led through a brainstorming process that ended with a hands-on activity designed to identify the top three priorities of each group. Provider groups also discussed potential linkages. Based on responses from the discussion between the public and providers some common themes emerged:

What works well in Tehama County?

- Women, Infant, Children (WIC)
- Head Start
- State Preschool
- Care Referral and Education (CCRE)
- Mother Baby Clinic
- Early Response Team

(many more programs were mentioned but are too numerous to include in the report)

What should be improved, expanded or created?

- Transportation Services
 - 2-way transportation to and from preschools, child care and Early Intervention Program
 - expand areas served and hours
- Child Care
 - Increase stable, quality child care providers
 - Increase funding for subsidized child care
 - Extended day
 - Expand Head Start and State Preschool programs
- Parental Support
 - Increase number and time parenting classes are offered with child care provided on site
 - Support groups for parents of special needs children
 - Increase number of ESL classes, both hours and location
 - Case management and in-home supportive services
 - Family oriented facilities/centers
- Dental/Medical Services
 - Dental care and health care access and coverage for all children
 - Preventive dental education
 - Access to specialists
- Other areas of concern expressed were:
 - Safe neighborhoods
 - Women, Infant, Children (WIC) available to all children
 - Better training to identify high-risk children
 - Decent affordable housing
 - Bilingual staff

Community Survey

For other community input, two key visioning questions were used. The following is a summary of the highest priority based upon the public's response to the questions.

Community Survey Responses **Summary of Findings**

1. What programs or services exist in Tehama County for children 0-5 and their families that work well?

- Head Start
- Child Care Referral and Education (CCRE)-Alternative Payment Program-Subsidize Child Care-Respite Care
- Women, Infant, Children (WIC)
- Mother/Baby Clinic
- State Preschool
- Adult Education Classes (ESL)

2. What programs or services should be expanded, improved or created to meet the needs of children 0-5 and their families in the following four areas: Parent Support; Child Care & Education; Health Care; Integrated Services.

Parent Support Needs

- Improve/expand/create transportation to child care sites and programs/services
- Improve/expand parent education
- Improve/expand Head Start program (expand to serve ages 0-5)
- Education on nutrition preparation

Child Care Service and Early Education Needs

- More licensed child care
- Subsidized child care for working middle-income families
- Increase subsidized child care/Alternative Payment Program
- More preschools
- Affordable preschool for all children

Health Care Service Needs

- Access to dental care for all children
- Increased access to medical services – location, hours, language, transportation
- Women, Infant, Children (WIC) for everyone

Integrated Services

- Translation services for different needs
- Increased bilingual staff at clinics and businesses

Provider Input

The same two visioning questions were used in the survey developed for providers. Summaries of the highest priority recommendations are as follows:

Providers of Care Responses **Summary of Findings**

1. What programs or services exist in Tehama County for children 0-5 and their families that work well?

- Head Start
- Child Care Referral and Education (CCRE)-Alternative Payment Program-Subsidize Child Care-Respite Care
- Mother/Baby Clinic-State Preschool
- Women, Infant, Children (WIC)
- Family Child Care Homes – Licensed Child Care Providers
- Healthy Start

2. What programs or services should be expanded, improved or created to meet the needs of children 0-5 and their families in the following four areas: Parent Support; Child Care & Education; Health Care; Integrated Services.

Parent Support Needs

- Streamline parent education and support services (anger/conflict management; behavior/child management; counseling; seasonal workers conflict resolution)
- Improved Transportation to child care sites and programs/services
- Expand Early Response Team for at-risk families
- Expand/Improve Head Start

Child Care Service and Early Education Needs

- More licensed child care
- Subsidized child care/Alternative Payment Program
- Higher quality of child care
- Better compensation for child care providers and grants for continuing education/equipment

Health Care Service Needs

- Access to dental care for all children
- More affordable health care for all children
- Increased access to medical specialists
- Universal prenatal and perinatal health care

Integrated Services

- Resource Guide for parents
- Education for parents/How to navigate the system
- Linking programs

Kindergarten Teacher Survey

The Commission reasoned that kindergarten teachers should be a particularly insightful group to poll regarding the presenting skills, behaviors, and health status of children entering kindergarten. They utilized a comprehensive instrument developed for The Monterey County Children and Families Commission. The Tehama County Children and Families Commission gathered opinions from the 32 kindergarten teachers in Tehama County's public and private schools. Because of the combined efforts of the Commission staff, schools and Department of Education; they received 32 completed instruments, representing a return rate of 100%. (see Appendix B for a Summary of Results). The analyses of these surveys will provide invaluable "baseline" information about the conditions of youngsters entering kindergarten and may serve as a prototype survey for assessing the overall effectiveness of the Plan's activities (see Section VI).

Integrated Services in Tehama County

The final step in the assessment process was a set of matrices designed to get a profile of local integrated services and systems of care currently being provided in Tehama County. Matrices were sent to members of sixteen local collaboratives and are designed to view services based on three of the intents of the Children and Families Act:

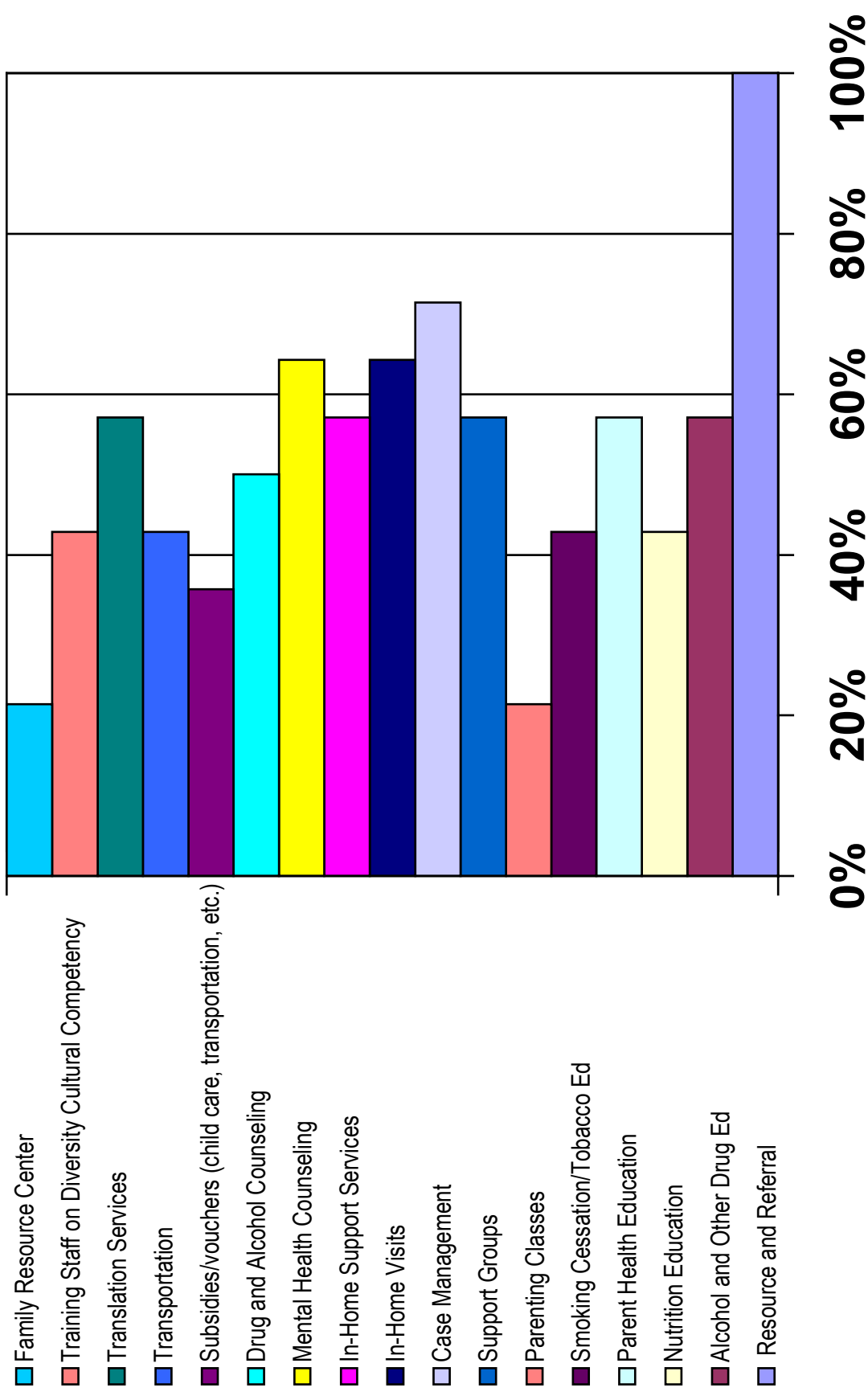
- Improved Family Functioning: Strong Families
- Improved Child Development: Children Learning and Ready for School
- Improved Child Health: Healthy Children

The graphs on the following three pages reveal a good overview of the impact these sixteen collaboratives have on resource utilization in the county. Resource and referrals ranked number one on all three graphs. This can be attributed to the fact that the collaboratives are not direct service providers, they deal with governance, policy, oversight and advisory matters. However, the intent of the matrix was to get a picture of what services are being accessed and therefore identify potential areas of need and linkage.

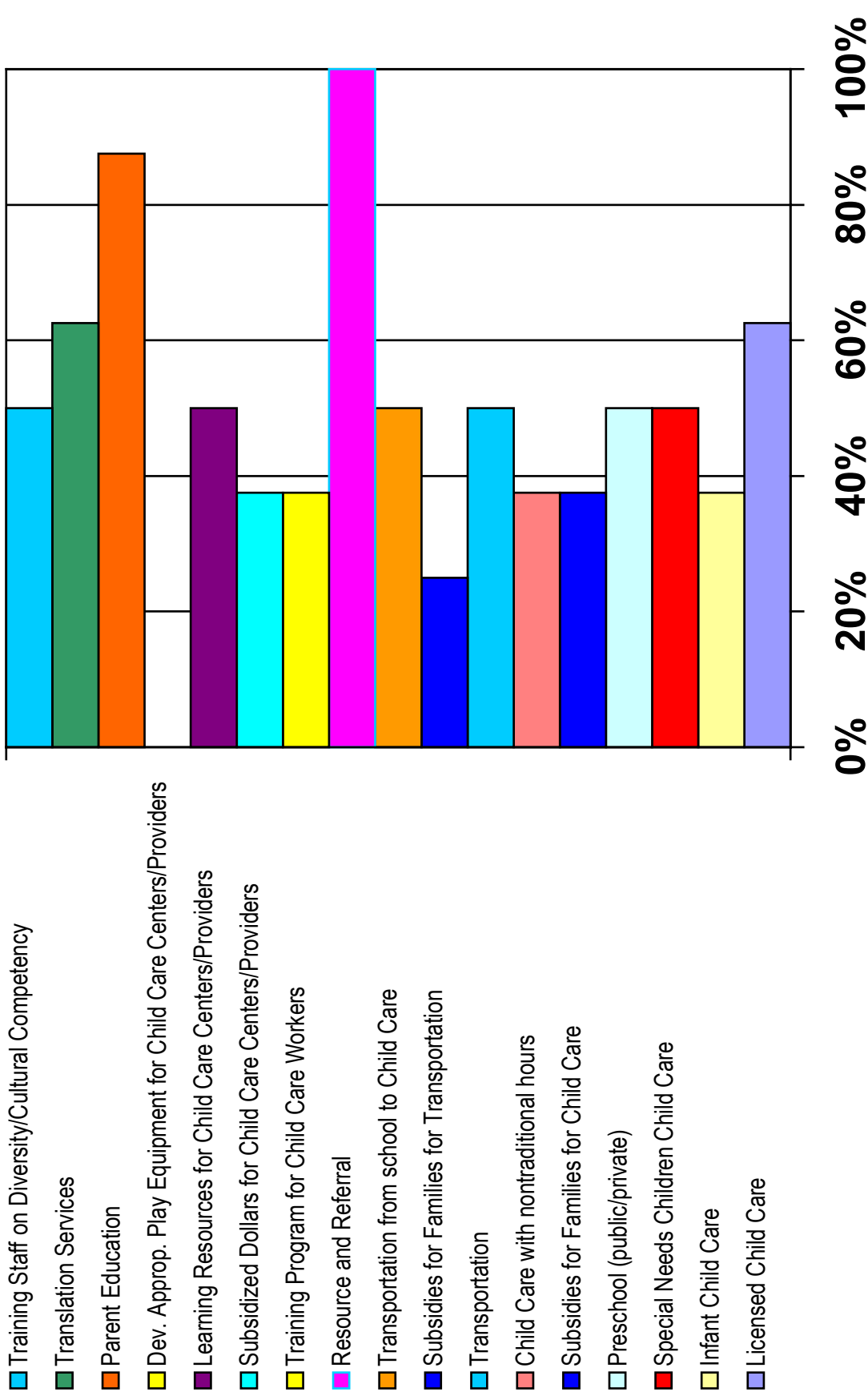
The sixteen collaboratives were identified as: Administrative Oversight Team, CAL-Learn/AFLP Network, Child Abuse Prevention Council, Child Death Review Team, Health Services Advisory Committee, Homeless Coalition, InterAgency Coordination Council, Local Child Care Planning Council, MATT I, Mental Health/Drug Alcohol Advisory Board, Perinatal Network Council, Public Health Advisory Board, St. Elizabeth Community Hospital Advisory Board, Tehama County Health Partnership, Tehama County Latino Outreach, Tehama County Mentoring Committee.

TEHAMA COUNTY COLLABORATIVES AND SYSTEMS OF CARE

I. Improved Family Functioning: Strong Families

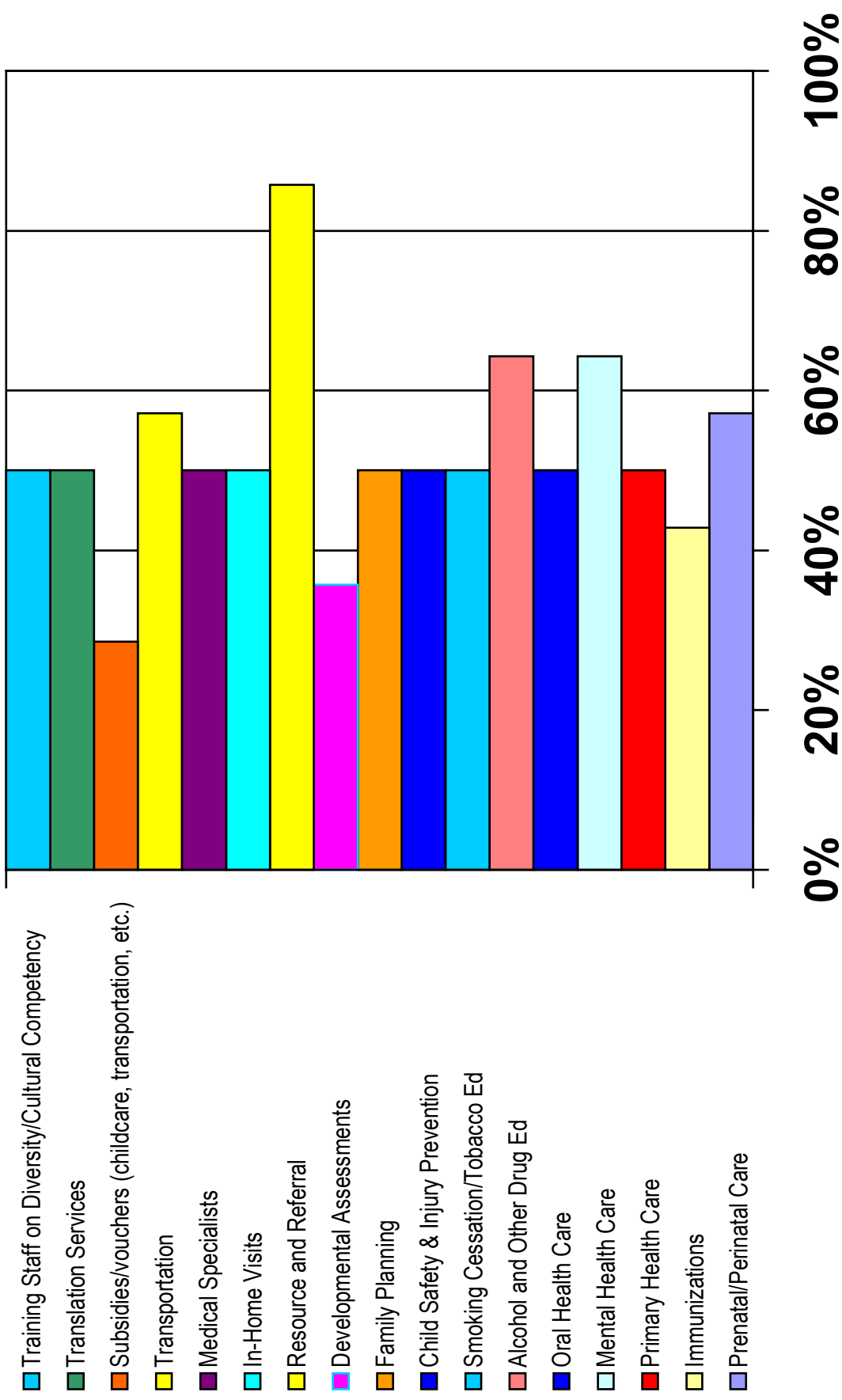


TEHAMA COUNTY COLLABORATIVES AND SYSTEMS OF CARE **II. Improved Child Development: Children Learning and Ready for School**



TEHAMA COUNTY COLLABORATIVES AND SYSTEMS OF CARE

III. Improved Child Health: Healthy Children



VI. Objectives, Strategies, Indicators, Outcomes

The objectives and strategies are presented in relatively broad terms but will be narrowed as proposals are submitted and reviewed. Each proposal will be evaluated by certain criteria but must include the four critical principles of:

1. Serve ethnically, culturally and linguistically diverse children and families and special needs children and families
2. Address the needs of geographically and socially isolated communities
3. Target traditionally under-served/high-need populations
4. Streamline access and removal of barriers* to promote access

* *Common barriers have been identified as: language, transportation, cost, funding source, and attitude.*

Commission Priorities

With the wealth of information gathered, the Commission members selected the following objectives and strategies based on the intent of the Children and Families Initiative:

Result Area: Improved Family Function: Strong Families

OBJECTIVE

Parents will receive support to increase their knowledge in child rearing and family relationships

Strategies:

- **Support and expand parent education and counseling opportunities for all parents, as well as the general public, including but not limited to, preconception and prenatal care, anger management, substance abuse, positive discipline and school readiness.**
- **Promote and expand community based, faith based and in-home support services.**

Indicators:

- Parent Survey
- Number of parent education classes provided
- Types of strength-based parent education programs offered
- Number of sliding scale, income based educational and counseling services and service providers
- Number of no or low cost educational opportunities
- Attendance and participation in local parent education classes
- Attendance and participation in local counseling services

Outcomes:

- Decrease in family violence
- Increased use of parenting related services
- Decrease in reports to Child Protective Services

Result Area: Improved Child Development: Children Learning and Ready for School
--

OBJECTIVE

Increase availability of programs that meet and maintain quality assurance standards for child care, by 25% both in slots and available hours of operation within three years

Strategies:

- **Establish baseline data for number of currently accredited providers/centers in Tehama County**
- **Recruit, support, assist and provide grants to child care and development providers, less than 100% subsidized, to achieve accreditation**
- **Support the development of non-traditional days and hours of child care including early morning, evening, night and weekends**
- **Work with employers in communities to provide quality on-site child care programs or child care assistance (business sponsorships, centralized child care fund, direct employer child care subsidies to parent/provider, vouchers, etc)**

Indicators:

- Number of accredited facilities
- Number of slots available in accredited programs
- Hours of operation at accredited programs
- Availability of non-traditional hours of child care
- Number of on-site child care programs
- Number of employers providing child care assistance
- Schools, churches, worksites which house (lease space or sponsor) child care facilities
- Kindergarten Teacher Surveys

Outcomes:

- Decrease in the number of health and safety complaints to Dept. of Social Services
- Increased academic achievement
- Increased school attendance
- Increase number of accredited child care and development providers and centers
- Increase number of child care providers/centers offering non-traditional hours
- Increase work attendance rates
- Increase Work Force Stability rates
- Increase job satisfaction rates
- Increase School Readiness as measured by Kindergarten Teacher Surveys

OBJECTIVE

Increase parents, providers, employers and community knowledge of quality child care and the benefits, early childhood development, and healthy and safe home environments including outreach to Latino and Spanish speaking children and their families

Strategies:

- **Promote mass media educational information and outreach regarding quality child care and the benefits, early childhood development, and healthy and safe home environments**

Indicators:

- Number of television, radio and newspaper articles/ads
- Parent surveys/focus groups

Outcomes:

- Increase outreach and television, radio and newspaper coverage of quality child care and the benefits, early childhood development, and healthy and safe home environments
- Increase in public awareness on surveys/focus groups

Result Area: Improved Child Health: Healthy Children

OBJECTIVE

Increase access to preventative and primary care and health coverage and dental coverage for all children birth to age 5 and pregnant women

Strategies:

- **Support coordinated early screening programs that link families with comprehensive health care and dental care services**
- **Work with existing providers to encourage school based and faith based services**

Indicators:

- Number of providers participating in coordinated system of care

Outcomes:

- Increase number of providers participating in coordinated systems of care

Definition of Terms

Many terms are presented in the plan framework. The following definitions explain what the terms mean:

Objective—Description of the desired change that is measurable and achieves the intended results. *Answers the question “What should we do for children and families in Tehama County?”*

Strategies—The course of action taken to achieve stated objective. *Answers the question “What can we specifically do to improve the health of newborns?”*

Indicators—A numerical measure that indicates how well the program is doing. *Answers the question “How many pregnant women attend prenatal classes with information about smoking, substance abuse and, nutrition.”*

Outcomes—Actual measure of improved health and development of children, not just a change in policy or program. *Answers the question “Reduction in number of babies born free from the effects of substance abuse.”*

After extensive review of the myriad of possibilities, a group of recommendations were selected that build on existing efforts; provide opportunities for linkages and collaboration across and within systems; and, reflect the Commissions commitment to fund efforts that are innovative, family and community defined and respectful of Tehama County’s population.

VII. Resource Allocation

Tehama County is expected to receive approximately \$646,000 generated annually by the Act and anticipates spending the full amount. The allocation plan creates the framework of fiscal responsibility that provides stable, ongoing funding, adjusted for inflation and cost increases, sustained over time. Funding will be reflective of the priorities, objectives and strategies as presented in the strategic plan

Estimated Annual Budget

Administration and Planning	25%*
Salaries and operating budget	
Grant writers “as needed” to pursue options for:	
• leveraging other funds	
• best practices pilot projects	
Funding for direct service and service integration	Determined by RFP’s
Sustaining Account	Reserve Fund from first 18 months and interest accrued
Evaluation and data development	Linkages & partnerships
Operating costs July 1, 2000-June 30, 2001	\$646,000

<p>*Counties that receive less than \$3 million in annual allocations are projected to expend 20-30 percent of the allocation in program support services. The California Children and Families Commission recently approved two years of supplemental funds to counties that receive less than \$2.5 million a year specifically to pay for staff and other costs necessary to accomplish the statutory requirements.</p>
--

Allocation Process

1. Tehama County Children and Families Commission will be using the Request for Proposal (RFP) process to award funding. Competitive awards through RFP are proposals submitted within a timeframe from interested and qualified organizations that meet the requirements of the four strategic goals to be funded.
 - a) The Program Director will select proposal readers from content experts and representatives from the community/outlying counties or consultants to review submitted RFP to make recommendations to the Commission. There will be three readers per focus area.
 - b) Length of time awards to be funded: 1-3 years on a case-by-case basis, annually reviewed.

- c) Tehama County Children and Families Commission will fund fewer, but larger contracts/grants that can make a substantial impact
- d) A bidder's conference will be held where details of RFP process can be explained to interested parties
- e) RFP letters of intent will be limited to no more than 3 pages. The required contents include, at a minimum, a brief description of the following:
 - applicant organization, including its mission and track record in providing the type of programs and services sought in the RFP
 - proposed project, including the need it addresses, target group(s) and method for reaching them major activities, planned collaborative efforts, anticipated results, and the reason the applicant believes the strategy will be effective
 - key staff or positions responsible for carrying out the project
 - plan for evaluating projects results
 - amount of money requested, including mention of any budget items that may raise policy or other questions, for example, providing cash incentives for parents who attend a minimum number of parent education classes
- f) submitted proposals **must reflect** the following principles:
 - serve ethnically, culturally and linguistically diverse children and families and special needs children and families
 - address the needs of geographically and socially isolated communities
 - target traditionally under-served/high-need populations
 - streamline access and removal of barriers* to promote access
 - * *Common barriers have been identified as: language, transportation, cost, funding source, and attitude.*
- g) funded service providers will be required to:
 - Provide integrated services without duplication
 - Submit detailed reporting
 - Cooperate and participate in local and statewide evaluation efforts
- 2. Establish a special grant(s) for innovative projects or emerging issues
 - Funding period will be awarded case by case and reviewed annually
 - Same RFP process will be used to award funding

Evaluation Process

- Build more extensive collaborative sharing of information and conducting community-wide impact assessments
- Participate in centralized common database which is accessible to service providers
- Participate in local and statewide evaluation efforts
- Commission to receive quarterly report of service providers progress and financial statements
- Develop a system in which evaluation results will be utilized to enhance providers effectiveness
- Fund evaluation consultant

Sustainability

1. Develop investment or reserve accounts to maximize return on investments. Select a good financial advisor to participate
 - Create a Sustaining Reserve Fund in which the funds will be invested and managed so that additional resources are available to offset future revenue reductions and purchasing power
 - Set aside Reserve Funds from first 18 months to ensure reserves and 3-year funding awards are honored
 - Reinvest earned interest generated by investments
 - Draw upon state/federal matching funds and private contributions
 - Follow state laws governing investment options

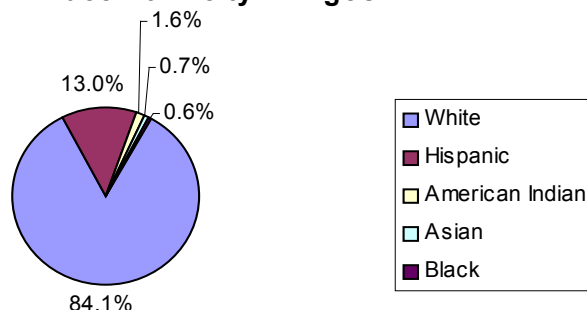
TEHAMA COUNTY CHILDREN AND FAMILIES COMMISSION QUANTITATIVE DATA REPORT

Introduction

Tehama County is situated in Northern California, with the Sierra and Coastal mountain ranges visible on either side. It is a large rural county measuring 2,976 square miles. It ranges in elevation from 170 to 8,083 feet above sea level. The terrain varies from flat areas to rolling hills and higher mountains. The Sacramento River winds a path through the county, and is a resource of recreation and water for agriculture. Interstate 5 and Highway 99 run through the middle of the county, and are the main thoroughfares to and from the area. There are three incorporated cities in the county, including Red Bluff, Corning, and Tehama. There are also many small, unincorporated cities in the county. Only 36.7% of the population live in urban areas of the county, while 63.3% live in unincorporated areas.⁶¹

A 1998 population estimate places the number of Tehama County residents at 55,118.² The associated racial distribution is 84.1% White, 13.0% Hispanic, 1.6% American Indian, .7% Asian, and .6% Black (Chart 1).

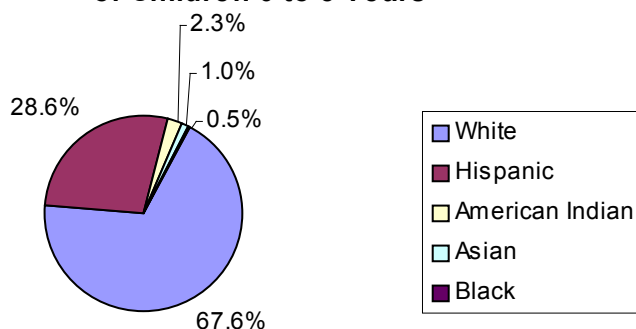
**Chart 1: 1998 Tehama County
Race/Ethnicity All Ages**



Infants and children between birth and five years of age number 4,468 in 1998.³ Their racial distribution is 67.6% White, 28.6% Hispanic, 2.3% American Indian, 1% Asian, and .5% Black (Chart 2).

In 1998, there were 651 births to Tehama County residents. This is a 17.3% decrease in annual births from 1990. Of the 1997 births, 59.8% had Medi-Cal as the payment source.⁴ The percentage of Medi-Cal births for the State is 44.7%.

**Chart 2: 1998 Tehama County Race/Ethnicity
of Children 0 to 5 Years**

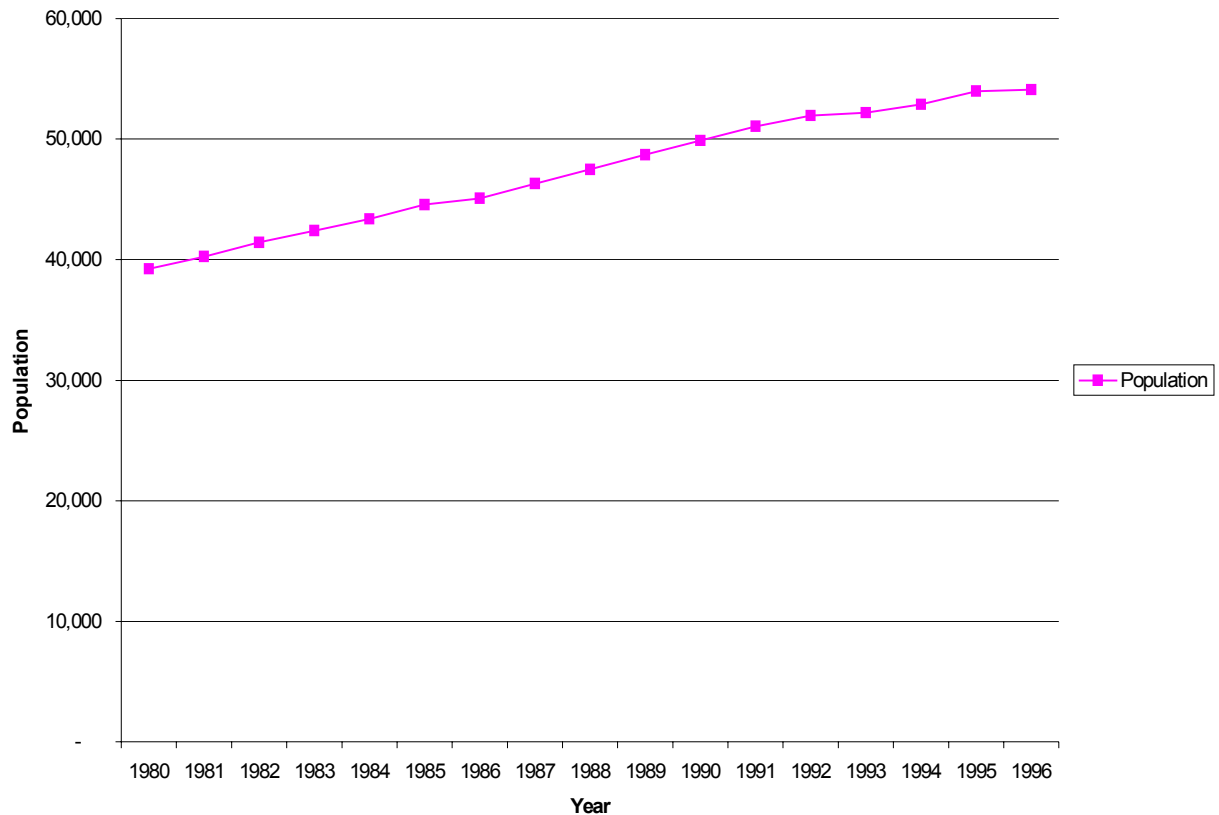


There are important differences in age distribution between Whites and Hispanics in Tehama County. In 1996 the median age for White males was 38 and for females was 40. The median age of Hispanic males was 23 and for females was 19. Whites demonstrate a slow growth population pattern while Hispanics exhibit one of

rapid growth.,

A review of migration in Tehama County from 1980 through 1996 reveals a population increase of .25% to 2.90% per year (Chart 3).

Chart 3: Tehama County Population Growth, 1980-96



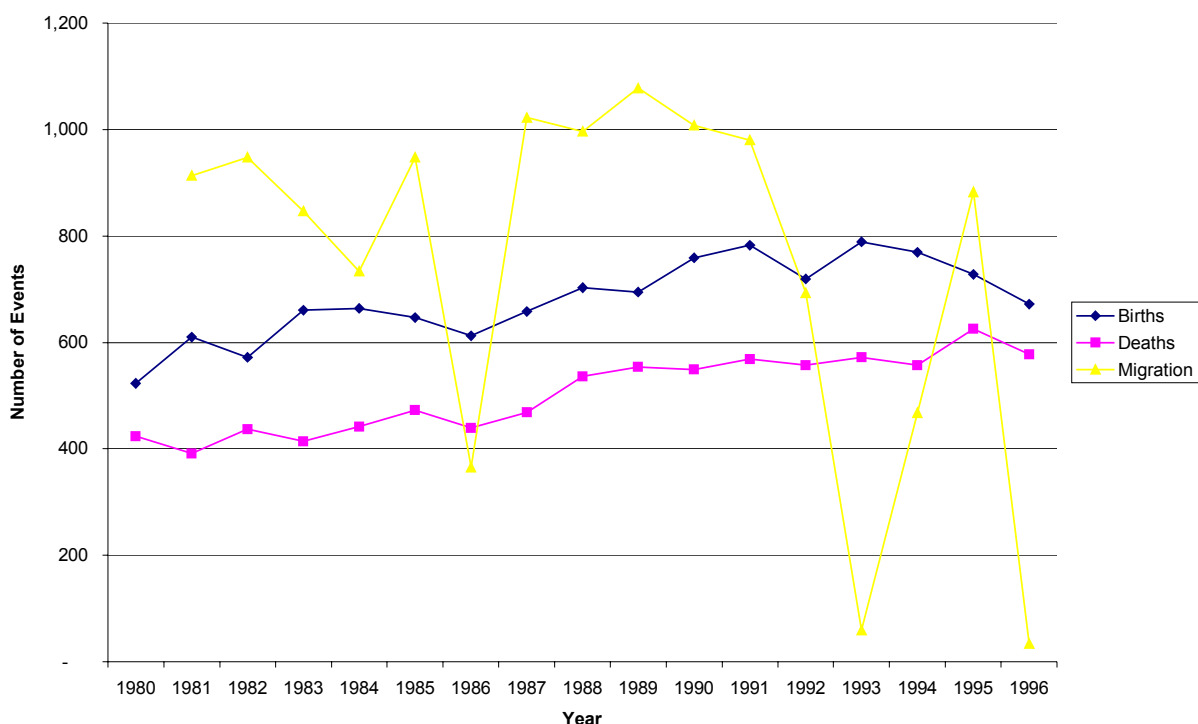
From 1992 to 1996, 70% of the population growth has been due to net migration and 30% due to natural increase (Chart 4).

The labor force in 1997 was 23,220 people. This represents a 77% increase since 1985. In 1997 the unemployment rate was 9.4%, which is the lowest rate since 1989 yet still higher than the state rate of 6.3%. Unemployment rates are highest between the months of January and April. As a result of the implementation of the welfare to work program, at least 80% of the current 1800 residents receiving cash aid will be required to find employment in the next five years. To accomplish this, the job market in Tehama County must increase by 7%.⁵

The proportion of children living in poverty is higher in Tehama County than in the State of California as a whole. In 1998, 24% of children under 14 years of age were living in poverty in the County compared to 18% for California. Tehama County has the 14th highest rate of child poverty among California's 58 counties.⁶ The national average poverty threshold for a family of four is \$12,674. The median household income for Tehama County in 1998 was \$27,897 as compared to California at \$ 38,979.

New housing construction has decreased dramatically since 1985. The construction of new multiple family housing was at a peak in 1985 at 331 units, compared to 2 in 1997. New single family housing peaked in 1990 at 311 units compared to 93 in 1997. Most homes in Tehama County are valued between \$50,000 and \$99,000. A large portion of rent paid in Tehama County ranges from \$300 to \$449.

Chart 4: Tehama County, Components of Population Growth 1981-1996



The total school population in Tehama County in 1999 was 11,038. The Hispanic population growth for schools increased 75% from 1991 to 1997. In the same year, nearly 10% of the students were designated as limited English proficient. In 1999 the total school population was 10,882, with Hispanics making up 20.8% of the total. In Tehama County's public school system there are fifteen elementary school districts, one unified school district and two high school districts. Within these districts are 21 elementary schools, four middle schools, and five high schools. In addition to public schools, there are two private elementary schools and one private high school. The high school drop out rate has decreased from 2.5% in 1992 to 1.6% in 1996.

I. Strategic Result – Improved Child Health: Healthy Children

Focus Area: Health and Wellness

Tehama County has a high number of children born into “at risk” families. Table 1 provides information from 1999 Children Now County Data Book and Department of Health Services. The county has improved from 1995 to 1997 in infant mortality, low birth weight, and late or no prenatal care. However, the percentage of poor children, child abuse, foster care, and motor vehicle injuries and deaths are much higher than the State average.

Table 1

Indicator	Current County	Current State	County Ranking
Infants Deaths per 1000 Born	6.4	5.9	Not Ranked
Percent Low Birth Weight Infants < 2500g	4.5	6.1	21/49
Percent Late or No Prenatal Care	4.8	3.7	28/49
Births to Mothers Aged 15-19 (Age Specific Rate)	53.5	56.7	36/52
Percent Children in Poverty Age 0 to 17 (at or below 100% poverty level)	27.7	24.3	48/58
Percent Children in Poverty Age 0 to 4 (at or below 100% Poverty Level)	29.9	28.6	47/58
Percent of Mothers that Initiate Exclusive Breastfeeding	54	43	35/58
Number of Motor Vehicle Injuries and Deaths in Children (0 – 5)	18	7,477	43/44
Percent Children Receiving TANF (0-5)	25.0	16.3	43/58

A lack of health insurance for children is a concerning issue in Tehama County. There is no county specific data available as to the true number of uninsured children. A survey was conducted of parents of elementary school age children in the two largest elementary school districts in the county during the summer of 1999. This survey revealed that of the 2,794 children whose parents responded to the survey, 665 or 24% had no form of health insurance.

The State of California does not have an immunization registration that would provide immunization rates per county. Tehama County is lumped into the Rural Northern California region that is sampled by the State Department of Health Services Immunization Branch. The survey conducted in 1999 indicated that 67.2% of kindergartners in this region were fully immunized by their second birthday.

The majority of adult smokers start using tobacco as adolescents. In 1996 more than half of Tehama County high school students surveyed reported cigarette use. Twenty-eight percent of 6th graders surveyed reported having tried tobacco. Of 5,248 children seen for CHDP examinations in 1997/98, 20% were reported as being exposed to passive tobacco smoke. In 1996, Tehama County had an overall tobacco use rate in the population of 21.1%, compared to 18.1% for the State.

Alcohol and other drug use are serious concerns of Tehama County residents. In 1996, a survey of youth reported that 5% of 6th graders, 15% of 8th graders, 48% of 10th graders, and 58% of 12th graders had been drunk in the last 12 months. Also, in the same survey 7% of 10th graders and 12% of 12th graders reported having tried methamphetamines.⁷ In July 2000, the Tehama County Health Agency Drug and Alcohol Division had 176 open treatment cases with 164 persons on their waiting list.

The mental health of children under six years of age and their parents is an important issue in Tehama County. However, no local mental health data is available for this specific target group.

Access to dental care is a great concern for children on Denti-Cal or Healthy Families. There are 20 dentists in Tehama County, or 31.5 dentists per 100,000 population. In 1999,

29.1% of children sought dental care outside of Tehama County. In 2000, only one dentist/dental practice is taking new Denti-Cal and Healthy Families patients. Three times per year a mobile dental clinic from the University of Southern California served approximately 300 children in Corning, Los Molinos and Gerber in 1999.

There is no specific data available on the oral health of Tehama County children. However, Table 2 outlines the results of an oral health assessment of California children conducted in 1993-1994.⁸

Table 2

<ul style="list-style-type: none"> • 27% of California's preschool children have untreated tooth decay, and 9% of them are in urgent need of dental treatment • By the time they are 6-8 years of age, 55% of California's children have untreated decay • Almost one-third of preschoolers and more than two-thirds of elementary and high school children have experienced tooth decay • The percentage of California's 6-8 year olds with untreated decay was more than twice the national baseline average for this group and was 175% higher than the national Healthy People objective for the year 2000 • Among racial and ethnic minorities, 66% of Hispanic children, 60% of African-American children, and 71% of Asian children have untreated decay • Only 56% of California preschoolers had visited a dentist in the past year
--

II. Strategic Result – Improved Child Development: Children Learning and Ready for School

Focus Area: Child Care and Early Education

Table 2 outlines the basic need for licensed childcare facilities in Tehama County. The information was compiled from the 1999 California Child Care Portfolio and is based on 1998 data.

Table 2: The 1999 California Child Care Portfolio

Indicator	Children 0 to 5	Children 0 to 13
Number of Children	4,468	11,987
Children living with working parents or single head of household	2,000	5,730
Children living in poverty	1,245	2,834
Licensed child care slots	314	515
Family child care slots	Not Available	674
Total child care slots	Not Available	1,172

Tehama County ranks 40th among California's 58 counties in its supply of licensed childcare slots. The number of available childcare center slots for children age 0 to 5 has decreased by 22% from 1996 to 1998. The average cost of childcare for 2 children in Tehama County equates to 30% of the median household income of \$27,897. The average cost for child care of an infant up to age 24 months is 40% of a full-time worker's salary on minimum wage.

Child Care Referral and Education cite that 61% of the childcare requests they receive are for infant, toddler, and preschool care. A survey of 996 parents in 1997-98 revealed that 27% were enrolled in subsidized childcare. Also, 42% of parents surveyed wanted information on subsidized childcare.

In 1999/2000 Tehama County Head Start served 244 children from 233 families in 4 centers and 6 home-based programs. Fourteen percent of the children had special needs and 27% were Spanish speaking. The ethnicity of this Head Start population was 55.7% White, 40.9% Hispanic, 2% American Indian, .8% Black, and .4% Asian. In this same year, 125 children were on a waiting list.

Tehama County State Preschool served 134 children in 1999/2000. Ten percent of these children were Spanish speaking and 10% had special needs. In 2000/2001 the total State Preschool capacity increased to 278 slots. There are seven private preschools in Tehama County with the capacity of serving 207 children.

Tehama County third grade children ranked 37 of 58 (1999 Children Now Report) counties in the ability to read at or above the national average. They ranked 42 of 58 counties in regard to math skills.

III. Strategic Result - Improved Family Functioning: Strong Families

Focus Area: Parent Education and Support Services

The family environment is the primary learning source for all young children. Children develop in the environments in which they live; their physical emotional, cognitive and social skills are very much dependent on the people who care for them.

The need for parenting education has been identified as a consistent theme across all strategic areas. Table 4 utilizes data from the Children Now California County Data Book 1999.

Table 4

Indicator	Current County	Current State	County Ranking
Percent of births to mothers with less than 12 years of education	35.6	31.8	42/55
Children in foster care per 1000 children age 0 to 5	12.1	10.3	32/48
Children in foster care per 1000 children age 0 to 17	14.1	11.3	49/57
Child abuse reports per 1000 children age 0 to 17	141.7	78.2	49/58
Teen birth rates per 1000 teens	53.5	56.7	36/52

The high incidence of foster care and child abuse reports indicate a need to improve the quality of family life in Tehama County. Early intervention will help reduce the occurrences of abuse and neglect leading to the high rate of foster care. Many parents are unaware of the services available to them and how to gain entry into those services. There are also barriers to accessing these services such as transportation, childcare, and time of day.

Tehama County Department of Social Services receives an average of 166 child protective services (CPS) referrals per month. Approximately 104 of these referrals are investigated and 66 screened out. Of the screened out referrals 10% are referred to Early Response Team, 20% are already open CPS cases, 40% are unsubstantiated, 10% involve custody matters, and 20% involve alleged abusers outside of the child's home.

In 1999/2000 there were 180 children in foster care. Of those children 50% were placed in foster homes, 16% in Foster Family Agency homes, 16% with relatives, 15% in guardian placements, 3% in group homes, and 5% were awaiting adoption.

Domestic violence calls to law enforcement are higher in Tehama County than in the State. The county rate for 1996 was 12.4 calls per 1,000 population (18 and over) and the state rate during the same period was 9.8. In 1998 the hospitalization rate due to assaultive injuries to women age 18 and older was 4.7 and the state rate was 16.8. The county rate was not only a 6% decrease from 1993, but was also significantly lower than the state rate.⁹

¹ California Department of Health Services, Center for Health Statistics. County Data Summaries, 1999.

² State of California, Department of Finance. 1970 –2040 California Census Data, on-line 8/1/00 at <http://www.dof.ca.gov/newdr/tehamatxt>.

³ Children Now. California County Data Book 1999. The Children of Tehama County, pg. 112.

⁴ California Department of Health Services, Health Data Summaries for California Counties, 1998.

⁵ Tehama County Maternal and Child Health Community Health Assessment and Local Action Plan, 1999.

⁶ The California Child Care Resource and Referral Network. The California Child Care Portfolio 1999.

⁷ Tehama County Health Partnership. Community Report Card, 1998.

⁸ The Dental Health Foundation. The Oral Health of California's Children: A Neglected Epidemic, 1997.

⁹ California Department of Health Services, Maternal Child Health Branch. California Maternal and Child Health County Data Book, January 1999.

Highlights of Findings

This school Readiness Survey represents the thoughts and opinions of 100% of the kindergarten teachers in Tehama County. In all, 32 completed questionnaires were received from teachers representing 19 public and 2 private schools throughout the County. These respondents were from all four regions of the County, and provided information concerning 524 kindergarten students, distributed as follows:

	Schools		Teachers		Students	
	All	Private	All	Private	All	Private
Central Tehama County	3	0	5	0	98	0
Mountain Region	3	0	3	0	7	0
North County	7	2	15	2	288	38
South County	6	0	7	0	93	0
Total	19	2	30	2	486	38

Included in:

Central Tehama County:

Gerber, Lassen View, Los Molinos (including Vina)

Mountain Region:

Manton, Mineral, Plum Valley

North County:

Antelope, Bend, Community Christian School (private), Evergreen,
Red Bluff Elementary (Bidwell, Jackson Heights, Metteer), Reeds Creek
Sacred Heart (private)

South County:

Corning Elementary (Rancho Tehama, West Street), Elkins,
Flourney, Kirkwood, Richfield

Summary of Teacher Responses

This data indicates central tendencies of included respondents, such as average percentages and most

frequent response. For some questions (B,C, and E-1), data indicates the percentage distribution of responses. There were 32 respondents, although the number of valid responses varied from item to item.

A. SKILLS: What percentage of children (excluding children with special needs on IEPs) entered kindergarten			
	<u>Not Prepared</u>	<u>Minimally Prepared</u>	<u>Adequately Prepared</u>
9. Hygiene Able to take care of toileting, washing hands, wiping nose (with prompting):	5%	15%	80%
5. Large Motor Skills walks, runs, climbs, balances:	8%	16%	76%
2. Primary Language age appropriate skill in speaking and understanding English or primary home language:	15%	18%	67%
3. Communication uses language to solve problems or to meet wants and needs:	11%	23%	66%
6. Social Skills cooperative, works/plays with others, appropriate self-control/impulse control, participates in groups, recognizes rights and feelings of others:	18%	25%	57%
8. Behavioral Skills take turns, follows directions, responds to authority appropriately; not overly aggressive or withdrawn:	16%	28%	56%
10. Overall Preparedness upon Kindergarten Entry the overall preparedness level of your children was:	25%	25%	50%
7. Attention Span has age-appropriate attention span:	21%	28%	51%
4. Small Motor Skills uses scissors, draws, holds crayon, stays within lines, buttons clothes:	22%	34%	44%
1. Pre-Academic Skills knows colors, shapes, shows emerging numeracy, completes multi-task sequences, shows emerging literacy:	29%	36%	35%
	<u>Minimally</u>	<u>Moderately</u>	<u>Very</u>
B. How knowledgeable are you about your students prekindergarten learning experiences?	4%	60%	36%
C. INFLUENCES			
For those children who were not prepared or minimally prepared when they entered your kindergarten class, rate the <u>level of influence</u> of each of the following: (<i>percentage each</i>)			
	<u>Minimal Influence</u>	<u>Moderate Influence</u>	<u>Significant Influence</u>
lack of family skills to promote school readiness	3.5%	17.2%	79.3%
lack of preschool experiences	16.1%	22.6%	61.3%
children entering kindergarten before their fifth birthday	19.4%	25.8%	54.9%

family instability	3.3%	46.7%	50.0%
lack of significant adult involvement in the child's life	6.7%	43.3%	50.0%
difference between pre-k experiences and kindergarten	24.1%	31.0%	44.9%
lack of early identification of special needs	44.8%	27.6%	27.6%
needed services have not been available to families	44.5%	29.6%	25.9%
services have not been provided in a coordinated manner	50.0%	26.9%	23.1%
health issues	75.9%	17.2%	6.9%

D. LANGUAGE PROFICIENCY

1. What percentage of your children entered kindergarten proficient in English? 77.3%
2. What percentage of your children were not proficient in either English or their primary language? 12.1%

E. SPECIAL EDUCATION

1. Did you have any entering students on IEPs this year? (percent each) Yes 25% No 75%
2. If yes, how many? 1.6 (average:13 total)
3. If yes, to what degree were those students adequately support by special education services:

<u>Not Supported</u>	<u>Minimally Supported</u>	<u>Adequately Supported</u>
18.8%	40.6%	40.6%

F. HEALTH

1. What percentage of children in your current class had health problems when they entered kindergarten, which have interfered with their success in school? 4.9%
2. What percentage of children entered your class with noticeable untreated tooth decay? 8.1%
3. What health issues have you dealt with in your class this year which have prevented children from being successful in school? (top issues)
Vision, Hearing or Speech not screened for; Nutrition; Asthma; Allergies; ADHD; Flus/Cold/Ear Infections; Sleep deprivation; Ecoli; No immunizations; Injuries at home

G. ETHNICITY

Please indicate the number of children who entered your current class in each ethnic group:

(total of each ethnic group as a percentage of total children reported, 524)

African-American: .19% Asian: .38% Hispanic/Latino 23.28% Pacific Islander: .19%
Caucasian/White: 69.66% Filipino: .19% Native American 1.15% Other/mixed: 4.96%

- H. Number of kindergarten students in your class: 16.4 (average of 524 students)
- I. How many years have you taught at this site: 10.75 years (average of 32 teachers)

Child Care and Early Education Workgroup

Result Area: Improved Child Development: Children Learning and Ready for School

GOAL: Increased access to quality, developmentally appropriate child care that meets the economic, cultural and developmental needs of all children and families of Tehama County.

OBJECTIVES	POTENTIAL STRATEGIES	INDICATORS	OUTCOMES
<p>1. Tehama County child care providers will achieve and maintain quality assurance standards from National Association for Family Child Care (NAFCC), National Association for the Education of Young Children (NAEYC) or its equivalent.</p> <p>2. Increase availability of programs that meet and maintain quality assurance standards by 25% both in slots and available hours of operation within 3 years</p>	<ul style="list-style-type: none"> Establish baseline data for number of currently accredited providers/centers in Tehama County Recruit, support, assist and provide grants to child care and development providers less than 100% subsidized to achieve accreditation Work with existing educational institutions and technical assistance providers to support and expand training based on adopted standards. Develop and fund a compensation program for child care and development providers less than 100% subsidized for achieving and maintaining accreditation based on best practices model – include incentives for mentors Support the development of non-traditional hours of child care including early morning, evening, night and weekends Support the development of a child care provider substitute program Provide quality improvement grants/financial assistance for providers/centers to purchase appropriate equipment/supplies based on accreditation findings 	<ul style="list-style-type: none"> Number of accredited facilities Number of slots available in accredited programs Hours of operation at accredited programs Number of child care providers enrolled in education and training Criteria for compensation stipends/incentive payments Compensation program for professional development and reimbursement for training time Availability of non-traditional hours of child care Child care provider substitute program Number of quality improvement grants 	<ul style="list-style-type: none"> Decrease the numbers of health and safety complaints to Dept. of Social Services Increased academic achievement Increased school attendance Increase number of accredited child care and development providers and centers Increase number of child care providers/centers offering non-traditional hours Increase availability of qualified child care provider substitutes Physical environment and supply improvements

Child Care and Early Education Workgroup

<p>3. Increase parents, providers, employers and community knowledge and support of quality child care and the benefits</p>	<ul style="list-style-type: none"> • Promote mass media educational information and outreach regarding what is quality child care and the benefits include how to access needed services • Expand outreach to parents to ensure they are knowledgeable about programs and services that assist families in meeting the cost of child care • Support community advocacy for affordable, accessible quality child care • Promote employer utilization of family friendly benefit packages (flextime, job sharing, cafeteria benefit plans, Dependent Care Assistance Programs, etc.) • Work with employers in communities to provide quality on-site child care programs or child care assistance (business sponsorships, centralized child care fund, direct employer child care subsidies to parent/provider, vouchers, etc) • Partner with employers to ensure working families do not spend more than 25% of their income on child care • Provide technical assistance and/or incentives to employers regarding development and implementation of family friendly benefit packages including employer sponsored child care • Increase the number of employers supporting child care expansion in the community 	<ul style="list-style-type: none"> • Number of television, radio and newspaper articles/ads • Number of employers utilizing family friendly benefit packages • Number of on-site child care programs • Number of employers providing child care assistance • Schools, churches, worksites which house (lease space or sponsor) child care facilities • Number of parents spending less than 25% of their income on child care 	<ul style="list-style-type: none"> • Increase outreach and television, radio and newspaper coverage of what quality child care is and the benefits • Increase in parent satisfaction in relation to quality, affordability, and availability of child care • Increase worker productivity rates • Decrease sick leave use rates • Decrease the percent of income working families spend on child care • Increase work attendance rates • Increase Work Force Stability rates • Increase job satisfaction rates
---	--	---	--

Health and Wellness Workgroup

Result Area: Improved Child Health: Healthy Children

GOAL: Foster a healthy community and provide access to affordable, comprehensive and preventive health services.

OBJECTIVES	POTENTIAL STRATEGIES	INDICATORS	OUTCOMES
<p>1. Increase access to preventative and primary care and health coverage for all children birth to age 5 and pregnant women.</p>	<ul style="list-style-type: none"> Promote the development of countywide immunization registry that includes a recall system Promote the enrollment in health coverage programs Support the development of sponsored health coverage for children birth to age 5 ineligible for existing programs Support coordinated early screening programs that link families with comprehensive healthcare services Support collaboration through participation in multidisciplinary teams addressing community health services to ensure children birth to age 5 and their families receive needed services and avoid duplication Work with existing providers to encourage school based and faith based services 	<ul style="list-style-type: none"> County wide immunization registry Percentage of children with up-to-date immunizations by their 2nd birthday Number of emergency room visits for non-emergent care Number of income eligible children enrolled in Healthy Families, Medi-Cal, AIM and other low-cost insurance programs Number of pediatricians, OB/GYNs accepting Medi-Cal and other low-cost insurance Number of women receiving prenatal care during their first trimester of pregnancy Number of children ineligible for existing programs enrolled in health coverage programs Percentage of children 0-5 who receive checkups according to suggested schedule Percentage of children 0-5 with a regular medical provider/"medical home" Number of providers participating in coordinated systems of care 	<ul style="list-style-type: none"> Increase percentage of children with up-to-date immunizations by kindergarten Decrease number of emergency room visits for non-emergent care Increase number of income eligible children enrolled in Healthy Families, Medi-Cal, AIM and other low-cost insurance Increase number of pediatricians and OB/GYNs accepting Medi-Cal and other low-cost insurance Increase number of women receiving prenatal care during their first trimester of pregnancy Number of babies born at or above normal birth weight Increase percentage of babies and children receiving well-baby and well-child checkups Increase number of providers participating in coordinated systems of care

Health and Wellness Workgroup

<p>2.Ensure access to dental care and oral health education for all children birth to age 5 and pregnant women.</p>	<ul style="list-style-type: none"> • Support transportation solutions that promote access to health services particularly solutions that bring services into isolated communities • Expand outreach and education that will increase knowledge about and provide healthy diets to children birth to age 5 and pregnant moms • Coordinate with healthcare and parenting education providers to promote the importance of breastfeeding • Promote the enrollment in dental health coverage programs • Support the development of sponsored dental health coverage for children birth to age 5 ineligible for existing programs • Support strategies to increase the number of dental providers who will accept Medi-Cal and Healthy Families insurance • Support the inclusion of assessment and treatment of the mother's dental health as part of routine prenatal and postnatal care • Integrate oral health services into programs serving infants and children such as child care, WIC, and primary care clinics • Develop a media campaign to increase public awareness about oral health and early childhood caries prevention • Support transportation solutions that promote access to dental health services, particularly solutions that bring services into isolated communities • Work with existing providers to encourage school based and faith based services 	<ul style="list-style-type: none"> • Utilization rates of active satellite office and mobile services • Parent survey • Percentage of babies being breast fed when released from hospital • Average number of months babies are breast fed • Number of children on Medi-Cal, Healthy Families, and other low-cost insurance programs • Number of children ineligible for existing programs enrolled in dental health coverage programs • Percentage of children with a regular dental provider/"dental home" • Number of children receiving regular dental care at least annually • Rates of children with dental caries • Percentage of pregnant women screened for dental disease • Number of pregnant women treated for dental disease • Percentage of pregnant women receiving oral health education • Percent of pre-term deliveries • Percent of low birth weight babies • Number of television, radio and newspaper articles/ads about oral health and early childhood caries prevention • Utilization rates of active satellite office and mobile services 	<ul style="list-style-type: none"> • Increase number of transportation alternatives available to county residents • Increase adequate nutrition to children and pregnant moms • Increase breast feeding rates • Increase number of children enrolled in dental health coverage programs • Decrease the number of children 0 to 5 with dental caries • Increase the number of regular dental providers/dental homes for children 0-5 • Increase children receiving regular dental care • Decrease rates of children with dental caries • Decrease percent of pre-term deliveries • Decrease percent of low birth weight babies • Increase number of television, radio and newspaper articles/ads about oral health and early childhood caries prevention • Increase number of transportation alternatives available to county residents
---	---	--	--

Health and Wellness Workgroup

<p>3. Promote healthy and safe home environments for children birth to age 5 and their families.</p>	<ul style="list-style-type: none"> Promote the coordination and expansion of public education regarding the harmful effects of second-hand smoke, alcohol and other drug use Partner with existing programs to expand public education on the harmful effects of alcohol and substance abuse especially during pregnancy through the first five years of age. Promote and expand programs that provide prevention and early intervention to families with children 0-5 Promote the availability of local alcohol and substance abuse prevention and treatment programs. Promote a variety of free/low cost smoking cessation services in appropriate locations, languages, and with child-care available. Promote the availability and coordination of a comprehensive car seat/bike helmet safety program that includes education and the provision of free/low cost seats and helmets. 	<ul style="list-style-type: none"> Number of educational/promotional activities Number of tobacco users Number of children with asthma, bronchitis and other related conditions Number of families participating in the "smoke-free homes and cars" campaign Number of mothers receiving second-hand smoke education as part of post-delivery discharge process. Establish a baseline for number of infants born with a positive toxicology screen Number of persons participating in prevention or treatment programs Number of mothers/fathers on waiting lists for substance abuse treatment Number and variety of cessation services offered Number participating in cessation services Number of car seats/bike helmets provided to low-income families Rates of unintentional injuries 	<ul style="list-style-type: none"> Decrease number of births reported exposed to tobacco, alcohol and other drugs Decrease number of smokers in households with children prenatal to age 5 Decrease in low birth weight babies Increase number of healthy births Decrease number of infants born with a positive toxicology screen Decrease in number of mothers/fathers on waiting lists for substance abuse treatment Decrease rates of unintentional injuries
--	--	--	---

Parent Education and Support Services Workgroup

Result Area: Improved Family Functioning: Strong Families

Goal: Each Community will have the capacity and confidence to raise children in healthy, safe, and loving environments.

Objective	Potential Strategies	Indicators	Desired Outcomes
1. Increase parental involvement in the development and delivery of service programs in each community by 10% within 3 years.	<ul style="list-style-type: none"> * Support the development or expansion of quality co-operative preschool or early education programs. * Expansion of parent support groups and other shared learning environments in both the community at large and at school sites. * Increase parental involvement and service to community boards and agencies serving children ages 0-5 by providing training, stipends, or scholarships. * Identify culturally appropriate community leaders and provide them with skills and training to become peer educators and promotoras. * Establish parent councils in each geographic community. 	<p>Number of co-operative programs available to the general public in Tehama County.</p> <p>Enrollment and/or service delivery hours provided by parents in co-operative service programs.</p> <p>Number of participants in school based parent support groups or shared learning programs.</p> <p>Number of participants in community based parent support groups or shared learning programs.</p> <p>Appointment of new community representatives to local boards and agencies that serve children.</p> <p>Parent training & scholarship programs established, # of participants</p> <p>Number of community residents trained in peer education and community outreach.</p> <p>Number of active existing or newly established parent councils in each community</p>	<ul style="list-style-type: none"> * Increased school attendance * Increased participation in early childhood education programs * Increased academic achievement * Decrease in referrals to Child Protective Services * Decrease in substance/drug related crime in residential zoned neighborhoods

Parent Education and Support Services Workgroup

<p>2. Parents will report at least a 5% overall increase in confidence in child rearing and family relationships, as evidenced by outcome achievement.</p>	<ul style="list-style-type: none"> * Support and expand parent education and counseling opportunities for all parents, as well as the general public, including but not limited to, preconception and prenatal care, anger management, substance abuse, positive discipline and school readiness. * Promote and expand community based and in-home support services. * Expansion of parent support groups. * Promote mass media educational information and outreach regarding parenting and family health issues. * Support transportation solutions that promote access to integrated and coordinated services, particularly solutions that bring services into isolated communities. 	<p>Parent Survey</p> <p>Number of parent education classes provided.</p> <p>Types of strength-based parent education programs offered.</p> <p>Number of sliding scale, income based educational and counseling services and service providers.</p> <p>Number of no or low cost educational opportunities.</p> <p>Attendance and participation in local parent education classes.</p> <p>Attendance and participation in local counseling services.</p> <p>Number of, participation in, and frequency of parent support groups.</p> <p>Number of television, radio, and newspaper articles/ads on parenting and family health issues</p> <p>Utilization rates of active satellite offices and mobile services.</p>	<ul style="list-style-type: none"> * Decrease in family violence * Decrease in juvenile crime * Increased use of parenting related services * Decrease in reports to Child Protective Services * Increased television, radio, and newspaper coverage of parenting and family health issues * Increase number of transportation alternatives to county residents
--	--	---	---

Parent Education and Support Services Workgroup

<p>3. Access to services in Tehama County will be expanded and promoted to Latino and Spanish speaking children and their families.</p>	<ul style="list-style-type: none"> * Establish baseline data for number of current Spanish bilingual staff employed by health and human service programs/agencies * Encourage health and human service programs/agencies to recruit, hire, and train Spanish bilingual staff. * Increase the number of culturally appropriate public services offered in Spanish. * Support the development and expansion of existing Latino service groups within Tehama County. * Support the development of affordable housing for low-income agricultural workers. * Support Latinos in accessing and obtaining qualified interpreter training or certification programs through stipends, scholarships, and technical assistance. * Expand low and no cost, individual and family based English as a Second Language and citizenship classes. * Expand the number of critical care service providers and legal programs that have Spanish speaking staff available during all hours of service operation. 	<p>Number of current Spanish bilingual staff employed by health and human service programs/agencies</p> <p># of new Spanish bilingual staff hired in health and human service programs/agencies</p> <p># of new Spanish bilingual staff hired in programs serving families with children ages 0-5.</p> <p># of public services offered in Spanish.</p> <p>Membership and continued activity in Latino specific service or advocacy groups.</p> <p>Housing complex constructed</p> <p>Vacancy rate in low-income ag worker housing developments</p> <p>Enrollment and completion in quality interpreter training programs.</p> <p>Number of qualified interpreters utilized by service providers.</p> <p>Number of service providers utilizing qualified, non-familial interpreters.</p> <p>Number of ESL, citizenship classes available.</p> <p>Enrollment in ESL and citizenship classes.</p> <p>Number of emergency, court, and legal service providers maintaining at least one qualified Spanish speaking staff member on duty at all hours of service operation.</p>	<p>Increased utilization of health and human services by Spanish speaking residents.</p> <p>Decrease in juvenile crime</p> <p>Decreased rate of substance abuse among Tehama County Latinos.</p> <p>Increase in legal employment status rates among Spanish speaking immigrants</p> <p>Decrease in utilization of familial interpreters, particularly for sensitive health and legal services.</p> <p>Increased rates of citizenship attainment</p> <p>Increase ESL and citizenship classes available</p>
---	--	---	---

Integrated Systems

Result Area: Integrated Services: Improved Systems for Families

Goal: Families from all cultural backgrounds are easily able to access multiple services and resources through an integrated system.

Objective	Potential Strategies	Indicators	Desired Outcomes
1. A 10% increase in the availability of multiple support services to families at shared locations throughout Tehama County within 3 years	<ul style="list-style-type: none"> * Establish co-located multi- service centers in communities throughout the county. * Support transportation solutions that promote access to multiple services in a coordinated and time efficient manner. * Support the development of service delivery programs that travel to the client, rather than having the client travel to the service. * Communicate to families how and where to access multiple services to increase awareness of and use of these services including various media. 	<ul style="list-style-type: none"> * # of new clients on wait lists for services * # of women and children receiving services * # of no-shows / cancellation of appointments * # of service delivery sites in county for each program serving families * # of service programs that are co-located * # of transportation alternatives available to county residents * # of print, radio and television articles/ads related to accessing services 	<ul style="list-style-type: none"> * Increase in the number of individuals who are served in program target populations * Increase in number of women and children receiving services * Decrease in no-shows / cancellation of appointments for services * Improved social support for families and self-sufficiency * Increase service delivery upon consumer need

Integrated Systems

Objective	Potential Strategies	Indicators	Desired Outcomes
2. Reduce duplication by 10% of services through integrating and coordinating resources and services for families within 3 years	<ul style="list-style-type: none"> * Promote and support the use of common intake systems for multiple services * Promote and support the use of common information and referral processes for all service providers to eliminate duplication and simplify how families obtain information. * Encourage and provide technical assistance to Health and Human Service Providers and Community Based Organizations in the utilization of common service coordination processes. * Link services and resources through shared staff, shared space, and shared materials. * Support cross-training of staff from multiple service providers and service sites, including schools and churches. * Support the use of technology to achieve integration and coordination of resources and services (e.g. the development of centralized web sites, on-line resource guides, on-line intake and case management systems, access to e-mail for all providers) 	<ul style="list-style-type: none"> * # of intake systems used by service providers in the county * % of programs using coordinated resource materials * # of non-county government providers utilizing common service coordination processes * # of cross-training opportunities available to service delivery staff and other information-givers * % of programs that share physical space and materials * % of programs that share staff * % of programs and service delivery sites connected by e-mail * # of web sites or other technology aides that support service delivery in the county 	<ul style="list-style-type: none"> * Decrease number of intake systems used by service providers in the county * Decrease in frustration level of individuals accessing services * Increase in the number of individuals who success-fully use programs/ services/resources * Increase number of health and human service providers and community based organizations utilizing common service coordination processes. * Increase number of programs that share space and materials * Increase knowledge of services and resources of service delivery staff and other information givers * Increase use of technology that support service delivery